



Parker Jewish Institute
FOR HEALTH CARE AND REHABILITATION

**PARKER ON MADISON
SOCIAL ADULT DAY CARE**

CAREGIVER APPLICATION

Participant's Name: _____ **Date of Birth:** _____

Address: _____

City, State, Zip: _____ **Telephone #:** _____

Religion: _____

Caregiver Name: _____ **Telephone #:** _____

Relationship to Participant: _____ **Email Address:** _____

Address, if different: _____

Physician: (Internist, Family MD)

_____ **Telephone #:** _____

Address: _____

City, State, Zip: _____ **Hosp. Affiliation:** _____

Specialist: (Cardiologist, Neurologist)

_____ **Telephone #:** _____

Health History (list illnesses, if any):

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FOR GENERAL INFORMATION, PLEASE CALL 1-877-727-5373

92 MADISON AVENUE | HEMPSTEAD, NY 11550 | 516-586-1623 | 516-247-6500 EXT. 2105 | PARKERINSTITUTE.ORG





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EMERGENCY CONTACTS (in priority order – must list at least 2 contacts)

1) PRIMARY EMERGENCY CONTACT

Name:

Relationship:

Address:

Home Phone:

Work Phone:

Cell Phone:

2) EMERGENCY CONTACT #2

Name:

Relationship:

Address:

Home Phone:

Work Phone:

Cell Phone:

3) EMERGENCY CONTACT #3

Name:

Relationship:

Address:

Home Phone:

Work Phone:

Cell Phone:

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I hereby certify that this application is complete and accurate to the best of my knowledge:

Caregiver's Name (printed): _____

Caregiver's Signature: _____ **Date:** _____

If returning application by email, please return to:

Lina Scacco - lscacco@parkerinstitute.org

Andrilisa Read – aread@parkerinstitute.org

Or

Jason W. Ingersoll – jingersoll@parkerinstitute.org

If returning application by mail, please return in the enclosed postage paid, self-addressed envelope to:

Parker on Madison Social Adult Day Care
Attn: Applications
92 Madison Avenue
Hempstead, NY 11550
Tel. No.: (516) 586-1623

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APPLICATION TO DAY CARE PROGRAM

Name: _____

Please answer the following questions about your relative: (check all that apply)

WALKING ABILITY:

- no difficulty (steady on feet)
- unsteady on feet
- sits in mid air
- needs assistance to sit and stand

EATING:

- independent
- needs verbal cues to swallow
- needs motivation to eat
- needs to be fed

ABLE TO READ?

- yes no unsure

ABLE TO TELL TIME?

- yes no unsure

ABLE TO WRITE?

- yes no unsure

BATHROOM USE:

- can make needs known
- needs verbal cueing only
- needs assistance (e.g., clothing, positioning)
- needs assistance with paper, soap, flushing
- needs privacy
- requires complete assistance

SPEAKING ABILITY:

- does not verbalize
- initiates irrelevant conversations
- uses one or two word responses
- able to form complete sentences
- able to express self
- unable to express an idea
- has difficulty finding words

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ABILITY TO FOLLOW DIRECTIONS:

- follows three-step instructions
- follows two-step instructions
- follows one-step instructions
- needs hand over hand assistance

COMPLETES TASKS:

- able to complete tasks independently
- needs both verbal prompting and demonstration
- needs consistent verbal prompting
- fails to participate
- needs physical assistance

SOCIAL SKILLS:

- is polite
- is critical of others
- responds to inappropriate behavior of others
- displays inappropriate behavior towards others

MEMORY:

- recognizes family members
- minor short term memory deficit
(describe) _____
- major short term memory deficit
(describe) _____
- long term memory intact
- reminisces

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WHY DO YOU WISH YOUR RELATIVE TO BE ENROLLED IN THIS PROGRAM?

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